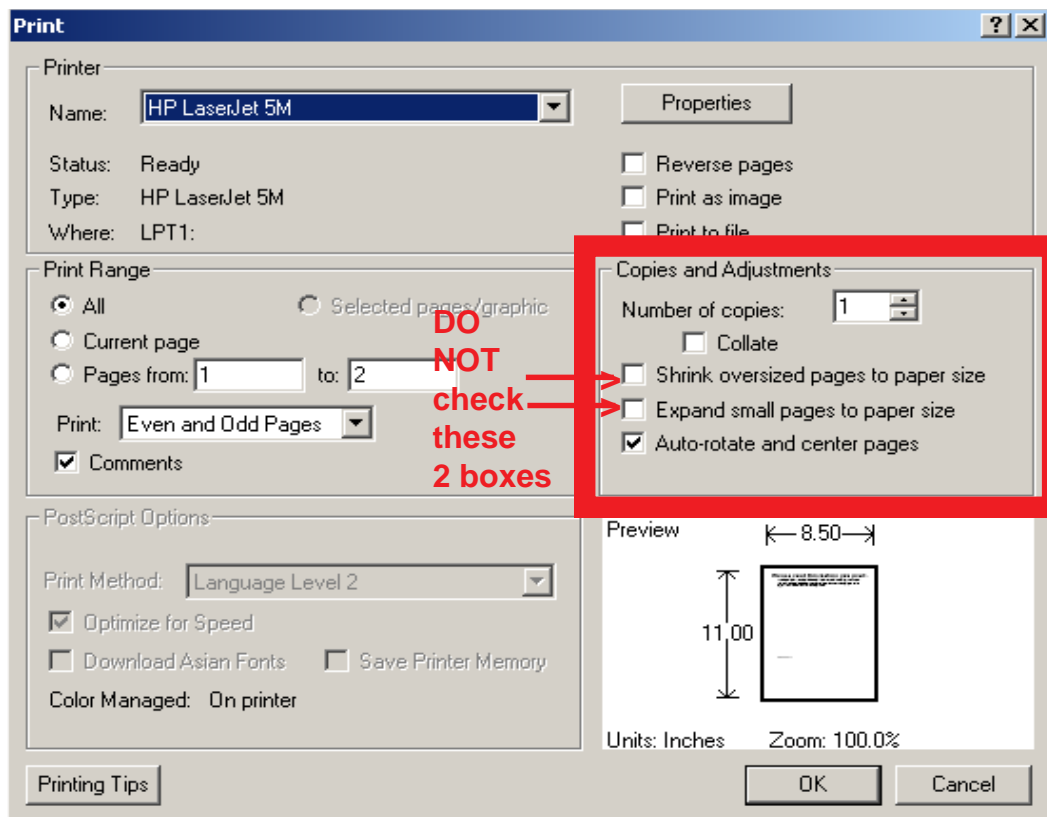


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box "Auto-rotate and center pages." Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

A. Contents:

Dental Assistant Sealant/Fluoride Varnish Endorsement Packet

1. 642-001 ... Contents List/SSN Information/Deposit Slip 1 page
2. 642-002 ... Instructions for Dental Assistant Sealant/Fluoride Varnish Endorsement 2 pages
3. 642-003 ... Application for Dental Assistant Sealant/Fluoride Varnish Endorsement 2 pages
4. WAC 246-814 Access To Dental Care For Children 3 pages

B. Important Social Security Number Information:

*Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.

*Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Dental Assistant Endorsement

DEPOSIT SLIP

NAME (Please Print)

DATE

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

Please note amount enclosed, and return
with your application.

\$

☐ Check
☐ Money Order

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Information and Instructions for Dental Assistant Sealant/Fluoride Varnish Endorsement

Purpose

The dental assistant sealant/fluoride varnish endorsement program is intended to improve access to dental care for low-income, rural, and other at-risk children by enhancing the authority of dental assistants to provide dental sealant and fluoride varnish treatments **in school based programs**.

- Dental assistants may work in school based programs under the “general” supervision of a Washington State licensed dentist. In settings outside of the school based programs, dental assistants must work under the “close” supervision of a Washington licensed dentist.
- Dental assistants employed by a Washington State licensed dentist on or before April 19, 2001, **are not** required to obtain an endorsement but may voluntarily do so without having to meet the additional requirements of RCW 18.32.226.
- Dental assistants employed by a Washington State licensed dentist for 200 hours **after** April 19, 2001, **must** obtain an endorsement to provide services under this chapter. Applicants must meet the additional requirements in RCW 18.32.226 and must submit (a) an application for endorsement, (b) fee—\$50, (c) proof of 200 hours of employment by a Washington State licensed dentist that has included theoretical and clinical training in the application of dental sealants and fluoride varnish treatments, verified by a declaration provided by the licensed dentist who provided the training.

Important Notice

All application and licensure information is subject to public inspection and copying under Washington State Public Disclosure Laws. Legislative changes allow applicants and licensees to request their residential address and residential telephone number be exempt from public disclosure. An alternative or business address and telephone number should be kept up to date with the department to ensure timely receipt of important notices.

Washington State law prohibits employees from receiving gifts, gratuities and/or favors. Any offer of private benefit to an employee that is intended to influence a public decision is bribery and violates Federal and State law.

Instructions

All Applicants:

Please read all instructions thoroughly, then complete the application in full. The Department of Health will not consider an application that is deficient of any documentation. If you need additional space to respond to a question, attach separate sheets, indexed to the appropriate questions, to the back of the application. To ensure appropriate review, all information should be typed or printed clearly. A resume **cannot** substitute for completion of the application.

1. **Demographic Information.** Please ensure that all information is up to date and complete. If you have a name change, please enclose certified documents evidencing the change.

2. **Licensure Information.** Please indicate all health care licenses you hold or have held in Washington State. Be sure to include the original license issue date, the expiration date and method of licensure for each license held.
3. **Training.** Provide proof of the completion of training as contained in the Washington State Department of Health sealant/fluoride varnish program guidelines.

Applicants for endorsement must obtain the training as contained in the Washington State Department of Health sealant/fluoride varnish program guidelines, which can be met through any one of the following methods:

- a. Graduation from a dental assisting, dental hygiene or dental educational program, accredited by the American Dental Association, which has incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines.
- b. Continuing education courses which teach the Washington State Department of Health sealant/fluoride varnish program guidelines.
- c. Individual training provided by a Washington licensed dentist, which has incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines.

5. **Applicant's Attestation.** Complete and sign the attestation.

Application and Sealant/Fluoride Varnish Endorsement Fee \$50

Fees must be made payable to the Department of Health, in U.S. Funds. (Check or money orders please—no cash.)

Direct mail **with money** to:

Department of Health
Customer Service Center
PO Box 1099
Olympia, WA 98507-1099

Direct mail **without money** to:

Department of Health
Dental Assistant Endorsement Program
PO Box 47867
Olympia, WA 98504-7867

Direct Telephone Calls to: (360) 236-4700

FAX # (360) 664-9077

Website Address: <https://fortress.wa.gov/doh/hpqa1/hpqamain.htm>



Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

For Office Use Only

Endorsement #:

Date Issued:

Endorsement #

Application For Dental Assistant Sealant / Fluoride Varnish Endorsement School Based Sealant Programs

Please Type or Print Clearly—Follow carefully all instructions provided in the general instructions. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. All applications must be accompanied by applicable fee. Make remittance payable to the Department of Health.

1. Demographic Information

APPLICANT'S NAME	LAST	FIRST	MIDDLE INITIAL
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
NOTE: The mailing address you provide will be released upon public request as it is the address of record. Your license document will show this address and all correspondence from the Department of Health will be sent to this address until you notify us of a change.			
TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.)	RESIDENCE TELEPHONE	SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 26.23 RCW.)	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE (MO/DAY/YR) / /	PLACE OF BIRTH	MAIDEN NAME

2. Previous Licensure

List all states where licenses are or were held. (Previous credential to include license, certification, or registration.) Specifically list licenses granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current.

STATE/JURISDICTION	PROFESSION	CREDENTIAL		PERMANENT OR TEMPORARY	LICENSE RECEIVED BY		CURRENTLY IN FORCE
		YEAR ISSUED	NUMBER		EXAMINATION	OTHER	
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Declaration Of Training Affidavit

NAME OF DENTAL ASSISTANT (PLEASE PRINT)

- ☐ I was employed by a Washington State licensed dentist **on or before** April 19, 2001, and am voluntarily applying for the dental assistant sealant/fluoride varnish endorsement.
- ☐ I became employed by a Washington State licensed dentist **after** April 19, 2001, and have been employed for 200 hours. I am **required** to obtain this endorsement to work in a school based setting and understand I must meet the requirements of RCW 18.32.226, in addition to providing the required application, fee, and proof of clinical and theoretical training in the application of sealants and fluoride varnish treatments.
- ☐ I have completed training which has incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines.

SIGNATURE OF DENTAL ASSISTANT

DATE

4. Affidavit Of Employing/Training Dentist

1. I hereby attest _____, as named above, became employed by me after April 1, 2001, and has completed at least 200 hours of employment.

SIGNATURE OF EMPLOYING DENTIST / PRINTED NAME

DATES OF EMPLOYMENT

2. I hereby attest that I have provided theoretical and clinical training in the application of sealants and fluoride

varnish treatments to _____, as named above. I further attest that the training incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines as described in WAC 246-914-040(3).

SIGNATURE OF TRAINING DENTIST / PRINTED NAME

DATE

5. Applicant's Attestation

I, _____, certify that I am the person described and identified in this

NAME OF APPLICANT

application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

SIGNATURE OF APPLICANT

DATE

Official Use Only

Washington State Records Center

Chapter 246-814 WAC

ACCESS TO DENTAL CARE FOR CHILDREN

Last Update: 10/23/02

WAC SECTIONS

- 246-814-010 Purpose.
- 246-814-020 Practices authorized.
- 246-814-030 Application process and documentation of training required to qualify for endorsement.
- 246-814-040 Training and the provision of services.
- 246-814-990 Endorsement fees for dental assistants and dental hygienists, renewal of endorsement not required.

WAC 246-814-010 Purpose. The purpose of this chapter is to implement RCW and 18.32.226. These laws are intended to improve access to dental care for low-income, rural, and other at-risk children by enhancing the authority of dental hygienists and dental assistants to provide dental sealant and fluoride varnish treatments in school-based programs. The department of health encourages partnerships within geographical regions and among participants in the oral health care community in implementing this law.

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-010, filed 10/23/02, effective 11/23/02.]

WAC 246-814-020 Practices authorized. (1) Dental hygienists. Solely for purposes of providing services under this chapter, dental hygienists holding endorsements under this chapter may assess by determining the need for (i.e., the absence of gross carious lesions and sealants) and acceptability of dental sealant and/or fluoride varnish treatment for children in school-based programs and may apply dental sealants and fluoride varnish treatments, without the supervision of a licensed dentist. This determination does not include or involve diagnosing conditions or constitute a dental examination.

(2) Dental assistants. A dental assistant is currently defined by the Dental Quality Assurance Commission in WAC as an unlicensed person working under the *close* supervision of a licensed dentist. Solely for purposes of this chapter, authorized dental assistants may apply dental sealants and fluoride varnish treatments to children in school-based programs under the *general* supervision of a Washington state licensed dentist, as described in this chapter.

(a) *Close supervision* requires the licensed supervising dentist to first determine the need for and acceptability of dental sealant and fluoride varnish treatments, refer the treatment and the dentist must be in the treatment facility when the treatment is provided.

(b) *General supervision* requires the licensed supervising dentist to first determine the need for and acceptability of dental sealant and fluoride varnish treatments, refer the treatment and the dentist does not have to be in the treatment facility when the treatment is provided.

(3) Dental assistants and their supervising dentists, as well as dental hygienists shall coordinate with local public health jurisdictions and local oral health coalitions prior to providing services under this chapter, consistent with RCW 18.29.220 and 18.32.226.

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-020, filed 10/23/02, effective 11/23/02.]

WAC 246-814-030 Application process and documentation of training required to qualify for endorsement. (1) The department of health has issued endorsements to all dental hygienists holding valid licenses on or before April 19, 2001, the effective date of RCW 18.29.220.

(2) Dental hygienists licensed after April 19, 2001, must obtain an endorsement to provide services under this chapter. Applicants must meet the additional requirements in RCW and must submit the following to the department:

- (a) Application for endorsement;
- (b) Fee;
- (c) Information of having a valid Washington state dental hygiene license for reference; and
- (d) Proof of the completion of training that has incorporated the Washington state department of health sealant/fluoride varnish program guidelines as described in WAC 246-814-040(3).

(3) Dental assistants employed by a Washington state licensed dentist on or before April 19, 2001, are not required to obtain an endorsement but may voluntarily do so without having to meet the additional requirements in RCW .

(4) Dental assistants employed by a Washington state licensed dentist for two hundred hours after April 19, 2001, must obtain an endorsement to provide services under this chapter. Applicants must meet the additional requirements in RCW 18.32.226 and must submit the following to the department:

- (a) Application for endorsement;
- (b) Fee;
- (c) Proof of two hundred hours of employment as a dental assistant by a Washington state licensed dentist that has included theoretical and clinical training in the application of dental sealants and fluoride varnish treatments, verified by a declaration provided by the licensed dentist who provided the training; and

(d) Proof of completion of training that has incorporated the Washington state department of health sealant/fluoride varnish program guidelines as described in WAC 246-814-040(3).

(5) Dental assistants and their supervising dentists, as well as dental hygienists should use the Washington state department of health sealant/fluoride varnish guidelines described in WAC and other protocols that may be in place for the geographic region when coordinating with local public health jurisdictions. To assist the local public health jurisdictions and the practitioners in coordinating these services, a "letter of understanding" is recommended and would provide a means to address mutual concerns. It may include, but is not limited to:

- (a) Data collection requirements;
- (b) Delineation of responsibilities of the treatment providers and the local public health jurisdictions;
- (c) Quality assurance mechanisms; and
- (d) Communication with schools being served.

(6) Dental assistants and their supervising dentists, as well as dental hygienists shall coordinate with the local oral health coalitions by participating in oral health coalition meetings that may be held in the geographical region.

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-030, filed 10/23/02, effective 11/23/02.]

WAC 246-814-040 Training and the provision of services. (1) The “Washington state department of health sealant/fluoride varnish program guidelines” have been developed, maintained and distributed by the department of health in partnership with the oral health community and health care practitioners. To obtain copies of the “guidelines” contact the department of health.

(2) The Washington state department of health sealant/fluoride varnish program guidelines are designed to assist the local public health jurisdictions and oral health care communities in the planning, implementation, and evaluation of school-based dental sealant and fluoride varnish programs. Every school-based dental sealant and fluoride varnish program should design their program to provide, at minimum, for the following:

- (a) Assessing and targeting the population.
- (b) Establishing community capacity and infrastructure.
- (c) Determining staffing needs and training.
- (d) Securing equipment and supplies.
- (e) Developing policies, procedures and data collection forms.
- (f) Scheduling schools/sites.
- (g) Preparing sites for implementation.
- (h) Providing services.
- (i) Evaluating the process and outcomes.

(3) The Washington state department of health sealant/fluoride varnish program guidelines also provides the training required for dental hygienists and dental assistants providing services under this chapter. Applicants for endorsement must obtain training as contained in these specific guidelines, which can be met through any one of the following methods:

(a) Graduation from a dental assisting, dental hygiene or dental educational program, accredited by the American Dental Association, which has incorporated the Washington state department of health sealant/fluoride varnish program guidelines.

(b) Continuing education courses which teach the Washington state department of health sealant/fluoride varnish program guidelines.

(c) Individual training provided by a Washington licensed dentist, which has incorporated the Washington state department of health sealant/fluoride varnish program guidelines.

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-040, filed 10/23/02, effective 11/23/02.]

WAC 246-814-990 Endorsement fees for dental assistants and dental hygienists, renewal of endorsement not required. (1) Endorsements do not require renewal.

(2) Endorsement documents are issued to the qualified applicant, and are not the property of the employer or the supervisor.

(3) The following one-time, nonrefundable fee will be charged:

Dental assistant application/endorsement\$50

Dental hygiene application/endorsement\$50

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-990, filed 10/23/02, effective 11/23/02.]